

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Sports Medicine Center, Northwest Foot and Ankle Center, and Sports Medicine Center Day Surgery, respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

In this notice we provide descriptions of the different ways that we may use and disclose your medical information. In some cases, an example is provided to describe the types of uses and disclosures of your medical information that may be made by Sports Medicine Center, Northwest Foot and Ankle Center, and Sports Medicine Center Day Surgery.

EXAMPLES OF USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

For treatment:

Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For health care operations:

We use your medical records to assess quality and improve services.

We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.

We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

We may use and disclose your information to conduct or arrange for services, including:

- medical quality review by your health plan;

- accounting, legal, risk management, and insurance services;

- audit functions, including fraud and abuse detection and compliance programs.

- Quality improvement (i.e. patient satisfaction)

As another part of health care operations, we may use and disclose medical information about you to our "business associates." Our business associates, such as transcription services, collection agency, and on call answering service, just to name a few, perform services on behalf of our Practice. Whenever an arrangement between our Practice and a business associate involves the use or disclosure of medical information about you, we will have a written contract with that business associate that will require such business associate to agree to protect the privacy of your medical information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION NOT DISCUSSED IN THIS NOTICE

Uses and disclosures of your medical information that have not been described in this notice will not be made without your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, we will no longer use or disclose medical information about you for reasons covered by such permission. However, you understand that we are unable to take back any actions we have already taken with your permission, and that we are required to retain our records of the care we provide to you.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

Unless the Washington State Requirements require otherwise, we may use or disclose your protected health information in the certain situations without your specific permission or without giving you an opportunity to agree or object. Among these situations are the following:

As Required By Law. We are permitted to disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. In certain circumstances, we may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans. If you are a member of the armed forces, in certain circumstances we may release information about you to an appropriate government body.

Workers' Compensation. We may release medical information about you to comply with workers' compensation (or similar laws).

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may in certain circumstances release medical information about you to the correctional institution or law enforcement official.

Public Health Activities. We may disclose medical information about you for public health activities. These activities generally include without limitation the following:

- to prevent or control disease, injury, or disability
- to report births and deaths
- to report child abuse and neglect
- to report reactions to medications or problems with products
- to notify people of recalls of products they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, or
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities related to the monitoring of the health care system, government programs or compliance with civil rights laws. These oversight activities include, for example, investigations, inspections, and licensure.

Lawsuits and Disputes. In certain circumstances, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from the court.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities in certain circumstances.

Coroners, Medical Examiners and Funeral Directors. If authorized by law, we may release medical information to a coroner or medical examiner. We may also release medical information to a funeral director, as consistent with applicable law, in order to permit the funeral director to carry out his or her duties. Also, medical information may be used and disclosed for organ, eye, or tissue donation purposes.

Protective Service for the President, National Security and Intelligence Activities. We may disclose medical information about you to authorized officials so they may without limitation (i) provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or (ii) conduct lawful intelligence, counter-intelligence, or other national security activities authorized by the law.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request. But we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (“Notice”);
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances;
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during normal business hours, please contact:
Jessyka B CPC, CCP, HIPAA Privacy and Security Officer, Compliance Officer
Kym S Sports Medicine Center Day Surgery Compliance Officer, HIPAA Privacy and Security Officer
425-235-9981 EXT 16 for Jessyka and 425-207-0045 or 425-235-9981 EXT 12 for Kym

OUR RESPONSIBILITIES

We are required to:

- * Keep your protected health information private;
- * Give you this Notice;
- * Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our [office/medical records department] to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may *contact*:

Jessyka B CPC, CCP, HIPAA Privacy and Security Officer, Compliance Officer
Kym S Sports Medicine Center Day Surgery Compliance Officer, HIPAA Privacy and Security Officer
425-235-9981 EXT 16 for Jessyka and 425-207-0045 or 425-235-9981 EXT 12 for Kym

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Jessyka B CPC, CCP, Hipaa Privacy and Security Officer, Compliance Officer or Kym S Compliance Officer, HIPAA Privacy and Security, and DSC Manager at our practice/health care facility. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the most recent notice. The notice will contain on the first page, in the bottom right-hand corner, the effective date.

Effective Date:

APRIL 14, 2003

Revised/Updated:

AUGUST 4, 2003

Reviewed/Updated:

APRIL 16, 2004